You may file on-line at https://mytax.illinois.gov

Step 1

- Line 1a Enter your 7-digit Illinois Unemployment Insurance Account Number.
- **Line 1b** Enter the nine digit Federal Employer's Identification number (FEIN) assigned to you by the Internal Revenue Service.
- **Line 2** Enter your first name, middle initial and last name.
- **Line 3** Enter the street address.
- **Line 4** Enter the city, state and zip code.

Step 2

Lines 7 through 15 - use one line for each employee

Column A

Print the last and first name(s) of your household employee(s).

Column B

Complete this item by entering your employee's social security number.

Columns C through F (quarters)

Enter the total wages paid to each employee for each quarter of the year. If no wages were paid for that quarter, please enter "0".

Wages include (a) salaries, commissions and bonuses, tips reported to the employer, separation pay, vacation pay, prizes, sick pay, payments on account of retirement; (b) the reasonable cash value of remuneration paid other than cash, such as goods, meals and lodging; and (c) any remuneration for services performed within the State which is considered wages under the Federal Unemployment Tax Act.

- Line 15 Ifyou had more than eight household employees during 2020, use an additional sheet of paper and include the information in Step 2 for each additional worker. Total each Column C through F on the attachment, and write the totals on Line 15 in the appropriate column.
- **Line 16a** Add Lines 7 through 15 within each column. This is the total wages paid for each quarter.

Step 3

Line 16b Copy totals from line 16a above.

Line 17 Write in the total wages paid in excess of the unemployment insurance taxable wage base amount for **each** worker. For 2020, the taxable wage base amount is \$12,740 for each worker. An employer must pay unemployment insurance contributions on only the first \$12,740 in wages for each employee.

Example: You have one household employee that you pay \$5,000 each quarter. During the first and second quarter, the wages paid to the employee total \$10,000, so you would enter "0" in each column for the first and second quarters. During the third quarter, the total amount paid to the employee reaches \$15,000 which exceeds the \$12,740 unemployment insurance taxable wage base by \$2,260. So the amount to be entered on Line 17 for the third quarter, is \$2,260 (\$15,000-\$12,740). The fourth quarter wages of \$5,000 must be entered on Line 17 for the fourth quarter since the wage base was met during the third quarter.

	1st quarter	2nd quarter	3rd quarter	4th quarter	
Ex Line 17	\$ 0	\$ 0	\$2,260	\$5,000	

Step 3 continued

Line 18 Subtract Line 17 from Line 16b and enter the result on Line 18. These are your taxable wages.

Lines 19 and 20

For each quarter, calculate your unemployment insurance contribution. Within each column, complete either Line 19 or 20, whichever is applicable.

- Line 21 Quarter totals: Enter the amount from Line 19 or 20 in each column.

 This is your contribution due for each quarter.
- Line 22. Grand total. Add the quarterly totals from Line 21 (Columns C, D, E and F) and enter the result on Line 22. This is your total unemployment insurance contributions for 2020.

Step 4

Line 23-26 Enter the total number of employees (full or part time) who are covered by unemployment insurance and who performed services during or received pay for the payroll period including the 12th of each month of the quarter. Include workers who have earned more than \$12,740 in the calendar year and those on vacation or paid sick leave. Exclude workers on strike.

Step 5

- **Line 27** Write the amount shown on line 22. This is your total unemployment insurance contribution for 2020.
- Line 28 Write the amount of any previous payment made to the Illinois Department of Employment Security for the liability shown on Line 27.
- Line 29 Subtract Line 28 from Line 27.

 This is the amount of unemployment insurance contribution due.

Make your check payable to the **Illinois Department of Employment Security.**

Step 6

Line 30 If you have stopped employing workers, write the date of the last day you employed workers.

Step 7

Line 31 This report must be signed by the person named in Step 1, Line 2. If signed by any other person, a Power of Attorney must be attached.

MAIL YOUR COMPLETED REPORT ALONG WITH YOUR CHECK TO:

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY PO BOX 19300 SPRINGFIELD IL 62794-9300

General Instructions

What if I do not file or pay by the due date?

If you do not file a processable return or pay the tax you owe by the due date, you will owe penalty and interest.

What if I need to correct information I reported? Where may I obtain help or more information?

For other related forms or help with questions regarding unemployment insurance, please call the Unemployment Insurance Hotline toll-free at (800) 247-4984.

The TTY number for the hearing impaired is (866) 212-8831.

Form UI-HA 2020 Report for Household Employers

File on-line at https://mytax.illinois.gov

(Jr	•					
Ste	p 1: Tell us about yourself					
1a		b				
	Illinois account number (Unemployment Insurance)	's identification number				
2	W					
	Your name (first, middle initial, last)					
3	Street Address					
4	Street Address					
4	City	State	Zip			
Ste	p 2: Report your household employee		r			
5	For unemployment insurance reporting, complete C					
6	A	В	С	D	Е	F
	Name (last, first)	Social Security No.	1/2020 QTR. ending Mar. 31	2/2020 QTR. ending June 30	3/2020 QTR. ending Sept. 30	4/2020 QTR. ending Dec. 31
	(last, mst)	• •	• •	•	trial ending Sept. 30	e trit. ending Dec. 31
7		•	.			
8		• •		:	•	•
9						
10						
		• •	•	•	•	•
11		• •	•	•	•	•
12		: :	.			·
13		• •				
14			•		•	•
15	Other (attach)	• •	•	•	•	•
	Column totals: Add Lines 7 through 15 in each	column	•	•	•	•
Ste	p 3: Figure your unemployment insu	rance				
	contribution due for each quarte	er	1st quarter	2nd quarter	3rd quarter	4th quarter
16k	Column totals: Copy totals from line 16a above	e.				
17	Write the total wages paid in excess of the tax wage base amount (\$12,740 per employee fo					
18	Subtract Line 17 from Line 16b.					
19	If Line 16a is less than \$50,000, multiply Line					
19	your 2020 contribution rate or 5.400%, which	•				
20	If Line 16a is \$50,000 or more, multiply Lin					
	18 by your 2020 contribution rate.					
21	Quarter totals: Enter the amount from Line 1					
22	Grand total: Add the quarter totals from Line	21 (Columns C, D,	E and F) and write the result	on Line 22.	22	

Sto	ep 4: Numbei	of e	mployees who a	re covered f	or unemploy	ment insur	ance				
	Write the total number of covered workers (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of each quarter. If none, write "0"										
23	1st quarter	Α	January 12	В	February 12		С	March 12			
24	2nd quarter	Α	April 12	В	May 12		С	June 12			
25	3rd quarter	Α	July 12	В	August 12		С	September 12			
26	4th quarter	A	October 12	В	November 12		С	December 12			
Sto	ep 5: Figure y	our/	total unemploym	ent insuran	ce contributi	ion due					
27	27 Write the amount from Line 22.							27		l	
28	Write the amount of any previous payment to the Illinois Department of Employment Security for the liability shown on Line 27. Subtract Line 28 from Line 27. Make your check payable to the Illinois Department of Employment Security.						28		I		
29							29	29 I			
			you are no longe topped employing wo		g workers				30	month day	_/ year
Sto	ep 7: Sign be	low									
	Under penaltie	s of p	erjury, I state that I h	ave examined t	this report and,	to the best of I	ny kr	owledge, it is true, correct, and complete.			
31	- <u></u>								()		
	Household emple	oyer's s	ignature (full name)					month day year	Daytime te	lephone number	r
_											
Fili	ng deadline: 🗛	ril 1	5, 2021								

You may file and pay on-line at https://mytax.illinois.gov

Mail your completed report along with your check to:

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY PO BOX 19300
SPRINGFIELD IL 62794-9300

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 820 ILCS405/100-3200. Disclosure of this information is REQUIRED. Failure to disclose this information may result in statutorily prescribed liability and sanction, including penalties and or interest. This form has been approved by the Forms Management Center.

UI-HA back 2 of 2 (1/2021)